WEST VIRGINIA WORKERS' COMPENSATION OFFICE OF JUDGES

DOCUMENT SUBMISSION FORM

CLAIMANT:		EMPLOYER(S):
JCN:		CCN:
DOI/DLE		_
SUBMITTED BY:		REPRESENTING:
REFERENCE:	RENCE:ORDER DATE(S)	
SHORT DESCRIPTION OF ORDER(S)		
PLEASE SELECT ONE OF THE FOLLOWING CATEGORIES ATTACH ONLY (1) DOCUMENT PER FORM		
PROTEST	LATE PROTEST	***RESUBMITTED PROTEST (PREVIOUSLY DENIED)
EVIDENCE:	AUTHOR:	***RESUBMITTED EVIDENCE (PREVIOUSLY DENIED)
DATE OF REPORT:		
NOTICE OF RELEVANT DOCUMENT(S)* (EVIDENCE PREVIOUSLY SUBMITTED ON PRIOR PROTEST IN SAME CLAIM)		
ARGUMENT IN LIEU OF EVIDENCE (MUST BE FILED WITHIN PROTESTING PARTY'S TIME FRAME)		
CLOSING ARGUMENT/CASE SUMMATION (MAY BE FILED WITHIN 10 DAYS OF TFO EXPIRATION) NOTICE OF APPEARANCE		
MOTION	***RESUBMITTI	ED MOTION (PREVIOUSLY DENIED)
A)	EXTENSION OF TIME FRAME	,
В)	PROTEST(S) WITHDRAWAL	
C)	MISCELLANEOUS MOTION	
D)	SUBMIT	
E)	HEARING CONTINUANCE	
F)	HEARING REQUEST	Please select:
DATE:	SIGNATURE	:
CC:		

^{**}THIS FORM SHOULD BE SUBMITTED IN ADDITION TO YOUR REGULAR CORRESPONDENCE LETTER THAT ACCOMPANIES YOUR SUBMISSIONS OF DOCUMENTS. THIS FORM IS BEING USED TO ASSIST IN THE EDMS INDEXING PROCESS.